

AMENDMENTS TO THE CLAIMS

1. (Currently Amended) An endoluminal protection and access device for positioning within a ~~body~~ lumen of a gastrointestinal tract, which comprises:

an access member including an outer wall defining an internal lumen, the access member having a longitudinal axis and proximal and distal ends, the distal end being sufficiently blunt to prevent perforation of the gastrointestinal lumen during positioning of the device, the outer wall defining a window adjacent the distal end in communication with the internal lumen and having a radial arc ranging from about 90 degrees to about 180 degrees around the longitudinal axis ~~being of a sufficient size to pass colostomy surgical instrumentation through said window~~, the access member having a cross-sectional dimension transverse to the longitudinal axis and a rigidity and a size of the cross-sectional dimension sufficient to stabilize the ~~body~~ gastrointestinal lumen upon positioning therein to maintain patency of the ~~body~~ gastrointestinal lumen.

2. (Original) The access device according to claim 1 wherein the outer wall defines a slot in communication with the window and extending to the distal end of the access member.

3. (Original) The access device according to claim 1, including a housing mounted to the access member for facilitating manipulation about an operative site.

3. (Original) The access device according to claim 1, including a housing mounted to the access member for facilitating manipulation about an operative site.

4. (Withdrawn) A surgical procedure for reversing a colostomy procedure of the type where, an intestinal section is resected leaving a first intestinal section which is attached adjacent an opening in the abdominal wall and a second intestinal section which extends to a rectal opening, comprising the steps of:

accessing a first intestinal section through the opening in the abdominal wall;

introducing a guide within the rectal opening and advancing the guide through the second intestinal section and out the opening in the abdominal wall;

withdrawing the guide through the rectal opening to advance the anvil within the first intestinal section;

introducing an anastomosis instrument within the rectal opening and into the second intestinal section and connecting the anvil to the anastomosis instrument; and

firing the anastomosis instrument to connect the first and second intestinal sections to re-establish continuity between the first and second intestinal sections.

5. (Withdrawn) A surgical procedure for reversing a colostomy procedure of the type where a intestinal section is resected leaving a first intestinal section which is attached adjacent an opening in the abdominal wall and a second intestinal section which extends to a rectal opening, comprising the steps of:

positioning an access device within the opening in the abdominal wall and advancing the access device within the first intestinal section;

manipulating the second intestinal section to a position in proximity to the first intestinal section;

introducing a guide within the rectal opening and advancing the guide through the second intestinal section;

passing the guide through the second intestinal section and into the first intestinal section;

advancing the guide through a lumen of the access device and out the opening in the abdominal wall;

removing the access device; connecting an anvil to the guide;

withdrawing the guide through the rectal opening to advance the anvil within the first intestinal section;

introducing an anastomosis instrument within the rectal opening and into the second intestinal section;

connecting the anvil to the anastomosis instrument; and

firing the anastomosis instrument to connect the first and second intestinal sections to re-establish continuity between the first and second intestinal sections.

6. (Withdrawn) The surgical procedure according to claim 5 wherein the access device includes an outer wall and a window defined in the outer wall in communication with the lumen of the access device and wherein the step of advancing the guide includes initially introducing the guide into the window of the access device.

7. (Withdrawn) The surgical procedure according to claim 5, including the step of introducing a cannulated needle within the rectal opening to access the first intestinal section.

8. (Withdrawn) The surgical procedure according to claim 7 wherein the step of introducing a guide includes advancing the guide through the cannulated needle and into the first intestinal section.

9. (Withdrawn) The surgical procedure according to claim 8 wherein the step of introducing a cannulated needle is performed under laparoscopic visualization.

10. (Withdrawn) The surgical procedure according to claim 5 wherein the anastomosis instrument is a circular anastomosis instrument and wherein during the step of firing the anastomosis instrument, a circular array of stapler is driven through tissue margins of the first and second intestinal section.

11. (Withdrawn) The surgical procedure according to claim 10 wherein the anastomosis instrument includes a circular knife and wherein during the step of firing the circular knife pierces tissue of the first and second intestinal portions to define an annular opening therethrough.

12. (New) The access device according to claim 1 wherein the window has a longitudinal dimension greater than or equal to a linear dimension of the window defined by the radial arc in the outer wall.

13. (New) The access device according to claim 1 wherein the outer wall defines a slot in communication with the window that extends to the distal end of the access member through less than one revolution of a circumference of the outer wall.

14. (New) The access device according to claim 1 wherein the outer wall defines a slot in communication with the window, wherein the slot extends parallel to the longitudinal axis to the distal end of the access member.

15. (New) The access device according to claim 1 wherein the outer wall defines a slot in communication with the window and extends to the distal end of the access member, with the slot having a length in the longitudinal axis of the access member less than a length of the window in the longitudinal axis of the access member.

16. (New) The access device according to claim 1 wherein the access member is made of medical grade material.

17. (New) The access device according to claim 1 wherein the access member is made of medical grade polymeric materials, stainless steel or titanium.

18. (New) The access device according to claim 1 wherein the access member is sufficiently flexible to permit navigation through a gastrointestinal tract.

19. (New) The access device according to claim 1, including a housing mounted on the proximal end of the access member and configured to provide insufflation gases through the internal lumen to raise a wall of the gastrointestinal tract.

20. (New) An endoluminal mucosal protection and lumen stabilizing device, comprising:
an elongated access member made of medical grade material and having a proximate end, a distal end and an outer wall defining a longitudinal bore extending the length of the access member;

the outer wall having a window communicating with the longitudinal bore and defining a radial arc in the range of about 90 degrees to about 180 degrees around a longitudinal axis of the access member;

the outer wall having a slot communicating with the longitudinal bore and extending from the window to the distal end approximately parallel to the longitudinal axis of the access member;
and

the distal end of the access member being formed so as to minimize perforation of a body lumen.

21. (New) The device of claim 20, further comprising a housing mounted to the access member for facilitating manipulation about an operative site.

22. (New) The device of claim 20, further comprising a housing mounted on the proximal end of the access member that is configured to provide insufflation gases through the internal lumen to raise a wall of the gastrointestinal tract.

23. (New) The device of claim 20, wherein the access member is sufficiently flexible to permit navigation through a gastrointestinal tract.